

**COUNTY OF SAN BERNARDINO
REDEVELOPMENT AGENCY**

**HOUSING REHABILITATION
PROGRAM APPLICATION**

**CEDAR GLEN DISASTER RECOVERY
REDEVELOPMENT PROJECT AREA**



**EQUAL HOUSING
OPPORTUNITY**

All County of San Bernardino programs comply with Federal Fair Housing Laws

INSTRUCTION SHEET

Please read this entire packet.

This application has been developed by the County of San Bernardino Redevelopment Agency (Redevelopment Agency) to prescreen eligibility for housing and fee assistance within the Cedar Glen Disaster Recovery Redevelopment Project Area (Project Area).

The Board of Directors of the Redevelopment Agency has adopted specific housing program(s) for this area. If you do not qualify for the program, you will be notified after your submittal of this application.

DIRECTIONS

Please fill out the forms completely. Do not leave any questions blank. If a question is not applicable to your situation, please indicate that by writing N/A and attach additional sheets explaining why the question does not apply.

Forms containing blank answers may be returned to the applicant upon review by the Redevelopment Agency.

If you have any questions about this packet, please contact Redevelopment Agency staff at (909) 387-9804.

PROGRAM ELIGIBILITY

Program eligibility will be determined by the following criteria:

1. Households whose primary residence (owner-occupied) was destroyed or damaged in the Old Fire.
2. Households who meet the income criteria.
3. Households interested in rebuilding.

COMPLETED APPLICATIONS SHOULD BE MAILED OR FAXED TO:

**County of San Bernardino Redevelopment Agency
c/o Cedar Glen Housing Programs
215 North 'D' St., Ste. 202
San Bernardino, CA 92415-0121
FAX: (909) 387-9810**



County of San Bernardino Redevelopment Agency

BASIC INFORMATION		OFFICE USE ONLY
(1) Head of Household/Applicant: _____ Co-Applicant _____		
(2) Current Physical Address: _____ City State Zip Code Current Mailing Address: _____ City State Zip Code		Home Phone: _____ Mobile Phone: _____ E-Mail: _____
(3) Do you understand that you must have proof of insurance coverage for your property before you will be awarded housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	(4) Is your primary residence located within the Cedar Glen Disaster Recovery Redevelopment area? <input type="checkbox"/> Yes <input type="checkbox"/> No	(5) No. of Bedrooms existing / proposed _____ / _____
(6) Did you have insurance at the time of property loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what monetary benefits have you received? _____ _____		
(7) Applicant's Assessor Parcel Number(s) _____ _____		Situs Address _____ _____
(8) Are you an owner-occupant of the property? (9) Was the home your primary or secondary residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
(10) Total number of persons in the household? (11) Is your property currently for sale? (12) Do you plan to sell your property within the next year:		_____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
(13) Names of other persons in household: _____ _____		
(14) How did you first hear of this program? (please check all that apply) <input type="checkbox"/> Referral from another agency <input type="checkbox"/> At a Meeting <input type="checkbox"/> Relative <input type="checkbox"/> Printed Pamphlet <input type="checkbox"/> Friend <input type="checkbox"/> Community Bulletin Board <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Other (specify) _____		

(15) PLEASE FILL OUT THE FOLLOWING:

GROSS INCOME

MONTHLY

Salary (Head of Household)

Salary (Co-Applicant)

Salary (Other)

Rental Income

Notes held on other property

Interest, Securities

TOTAL MONTHLY INCOME (TMI)

Grant Income:

Social Security

Veteran's Pension

Disability

Unemployment

Retirement

Child Support

\$ _____

(16) MULTIPLY TMI BY 12 FOR ANNUAL GROSS INCOME

\$ _____

(17) **HOUSING PROGRAMS**

☐ Land Use Services Grant \$4,000.00
(Non income qualifying)

☐ RDA Rehab Grant \$4,000.00
(Income qualifying)

☐ RDA Rehab Loan \$30,000.00
(Income qualifying)

Pending the approval of your pre-screening form, you will be mailed additional information and forms. We will mail you the forms specific to the housing assistance programs for which you are eligible.

Land Use Service Grant—This program will aid participants who desire to reduce their building costs by awarding grants to assist in document preparation costs, fee waivers, fire/safety mitigation, and other miscellaneous costs. Income qualifying applicants may combine the Land Use Service grant with the RDA Loan.

RDA Rehab Loan—This loan program will aid applicants in rehabilitating hazardous and/or deteriorating residential dwellings.

RDA Rehab Grant— This program will aid participants who desire to reduce their building costs by awarding grants to assist in document preparation costs, fee waivers, fire/safety mitigation, and other miscellaneous costs. The RDA Grant can not be used in conjunction with the RDA Loan.

(18) **ADDITIONAL INFORMATION**

You will be contacted by staff after the review of this form by the Redevelopment Agency.

- Please note that information provided herein shall be kept confidential and shall be used for the sole purpose of determining eligibility for Redevelopment Agency housing programs.
- The Redevelopment Agency cannot process incomplete applications. Therefore, missing information may delay submission of the application.
- Submittal of this form does not guarantee that your household will receive housing assistance.

AUTHORIZATION

To the best of my knowledge, the above information is correct and accurate. I/We understand that all information will be kept strictly confidential.

Applicant's Signature

Date

Co-Applicant's Signature

Date